

**VERIFICATION OF SELECTIVE SERVICE REGISTRATION**

Youth Services  
Office of Juvenile Justice  
PO Box 66458  
Audubon Station  
Baton Rouge, Louisiana 70896  
225-287-7900

Date: \_\_\_\_\_

To Whom It May Concern:

In lieu of my Selective Service card, my signature below will verify that I have registered for the Selective Service as required by the Military Selective Service Act (50 USC App. 453).

I understand that if this statement is found to be false, I will be terminated from employment.

I will present my Selective Service card to the Human Resources Office as soon as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Class Title